

# Wisconsin Department of Safety and Professional Services

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## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

### SUPERVISOR'S AFFIDAVIT OF APPLICANT'S COMPETENCIES - DOCUMENTATION OF CLINICAL EXPERIENCE GAINED UNDER TRAINING LICENSE

(A copy of this form is to be completed by each supervisor.)

Wis. Admin. Code § MPSW 12 requires an affidavit that the applicant, after receiving an appropriate Master's degree will complete at least 3,000 hours of supervised professional counseling practice, including at least 1,000 hours of face-to-face client contact. **Or**, the applicant will have completed, either during or after completion of a doctoral degree program, at least 1,000 hours of supervised professional counseling practice.

Consistent with Wis. Admin. Code § MPSW 12 and 10.01(6), supervision requires one hour of face-to-face individual or group (**no more than 6 supervisees**) supervision to meet an average of one-hour per week duration during the supervised practice period. The supervisor may exercise discretion in averaging out supervision over the course of the period of supervision. The supervisor must meet the criteria under Wis. Admin. Code § MPSW 12.

**Name of Applicant:** (please print)

**Applicant's Training License Number:**

-226

**Name of Supervisor:** (please print)

**Supervisor's Licensure:**

**Profession:**

**License Number:**

**Dates the applicant was under my supervision:**

**From:**   /   /

**To:**   /   /

In the process of gathering  hours of supervised professional counseling experience, this applicant accumulated  hours of face-to-face client contact. During this time, I met with the applicant for an average of one hour per week for face-to-face supervision as required per Wis. Admin Code § MPSW 12, 10.01(6).

**Name and address of facility where applicant accumulated client-contact:**

**Brief description of applicant's clinical responsibilities in this position:**

I swear that the foregoing information is true and accurate.

Signature of Supervisor

Date

  /   /